

# Womenshealth.gov

## Organizational Interview Form

**Mail complete form to:**

Research Analyst  
 Womenshealth.gov  
 8270 Willow Oaks Corporate Drive, Suite 300  
 Fairfax, VA 22031

E-mail to: [4.woman@mail.ps.net](mailto:4.woman@mail.ps.net)  
 Or Fax to: 703-663-6942  
 ATTN: Research Analyst

**Womenshealth.gov** is a free health information and Federal publication referral service that provides a gateway to women's health information from other government agencies, public and private organizations, and consumer and health care professional groups. We are sponsored by the U.S. Department of Health and Human Services, Office on Women's Health. If you would like your organization to be considered for addition to our health resource database and womenshealth.gov web site, please read the selection criteria at: <http://www.womenshealth.gov/about/select-s/>. If you feel your organization meets the basic selection criteria, complete the following form and submit it with your request via mail, e-mail or fax.

**Person Providing Information:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Box I	Organization Information
<b>Name:</b>	_____
<b>Parent Organization(s) (largest to smallest entity)</b>	_____
<b>Acronyms: (largest to smallest entity)</b>	_____
<b>Mission Statement:</b>	_____

Box II	Leadership
<b>President or Director:</b>	
Name _____	Job Title: _____
Email _____	Phone _____
<b>Public Information Contact (if different)</b>	
Name _____	Job Title: _____
Email _____	Phone _____

**Box III Contact Information**

**Phone Numbers:** Will you accept phone referrals to your organization by womenshealth.gov?  Yes  No

Main: \_\_\_\_\_ FAX: \_\_\_\_\_

Toll-Free: \_\_\_\_\_ TDD: \_\_\_\_\_

Languages you can respond to calls in: \_\_\_\_\_

**Internet:**

Web site: \_\_\_\_\_ (URL of Home Page) Email: \_\_\_\_\_ (For public inquiries)

**Mailing Address:**

Street \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Box IV Publication Ordering**

Do you offer free women's health publications to patients and the general public?  Yes  No

Will you accept orders for health publications from womenshealth.gov on behalf of a private citizen (womenshealth.gov 1-800 Caller)?  Yes  No

If you checked "Yes" for both of the above, complete the fields below

a) How would you prefer to receive publication orders from womenshealth.gov? (select one)  Email  Fax

b) Does your publication fulfillment department or clearinghouse have any different contact information from that listed in **Box III**?  Yes (Different)  No (Same)

If you checked "Yes" for item "b" above, please give contact information for your clearinghouse or publications office. Write "-SAME-" when appropriate.

Email:\* \_\_\_\_\_ (for womenshealth.gov to send publication requests) May we provide this email to the public?  Yes  No (Default)

Fax: \_\_\_\_\_ (for womenshealth.gov to send publication requests)

Mailing Address:

Street \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Box V Listing on Womenshealth.gov**

**Keywords**

List the women’s health topics for which your organization is a recognized authority. Please choose only those topics about which you provide free information, respond to public inquiry, or provide a particular public service.

For a list of womenshealth.gov’s current health topics, see our A-Z search at:

<http://www.womenshealth.gov/search/search.cfm>

1.	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.

**Box VI Other Information**

**Audiences served (Check all that apply):**

- General Public   
  Patients   
  Health Educators   
  Health Care Professionals   
  Researchers  
 Other \_\_\_\_\_

**Newsletter/Journal**

Does this organization publish any newsletters or Journals?  Yes  No

Title \_\_\_\_\_

Frequency \_\_\_\_\_

Title \_\_\_\_\_

Frequency \_\_\_\_\_

Title \_\_\_\_\_

Frequency \_\_\_\_\_

**Publication List or Catalog**

If you have a publication list on the Internet, please provide the URL: \_\_\_\_\_

If you do not have a publication list online, please send a copy along with this form

Additional copies of this form may be downloaded from the Internet:

- As a PDF document (68 Kb -- <http://www.womenshealth.gov/about/select-s/intform.pdf>) or
- As a Word document (66 Kb -- <http://www.womenshealth.gov/about/select-s/intform.doc>)